

UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

In re

CHARLES EDWARD MONK, JR
CHERYL CHRISTINE MONK

Case No. 97-21591
Chapter 7

Debtor

DEFICIENCY NOTICE
REGARDING MOTION FOR DISBURSEMENT OF UNCLAIMED FUNDS

NOTICE IS HEREBY GIVEN that the Motion for Disbursement of Unclaimed Funds in the amount of \$1,281.11 filed by Charles Edward Monk, Jr. and Cheryl Christine Monk in this Court on June 21, 2021 is deficient for the following reasons:

- ☐ Motion was not served upon the [U.S. Attorney], [Debtor's Counsel], [Debtor], [Joint-Debtor], [Trustee]
- ☐ Motion was not accompanied by a certificate of service
- ☐ Notice of Motion did not allow twenty-one(21) days for objections
- ☒ Supporting documents establishing ownership, identity and/or entitlement were not attached, such as, evidence of former address on record where funds originally sent.
- ☐ Failed to provide notarized copy of contractual agreement between parties and to include the amount of compensation to be paid.
- ☐ Failed to provide power of attorney
- ☐ Corporation is not represented by Counsel pursuant to WVSb LR 3011-1(c)(1)
- ☐ Original Notice of Motion with "wet" signature not filed
- ☐ Notice of Change of Address for Claimant
- ☒ AO 213 Vendor Information/TIN Certification Form
- ☒ Proof of Identity- Driver's License or other picture ID

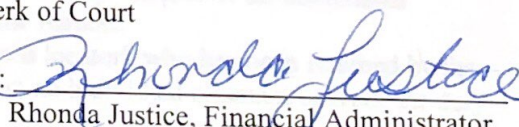
NOTICE IS HEREBY GIVEN that the above deficiency should be corrected within ten (10) days of the date of this notice by filing the documents indicated below and titling them as such; otherwise an order may be entered denying said motion for failure to comply.

- ☐ [notice], [certificate of service]
- ☐ amended [notice]
- ☒ Other:

DATED: June 24, 2021

Lesley Hoops,
Clerk of Court

By:


Rhonda Justice, Financial Administrator

UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHER DISTRICT OF WEST VIRGINIA

Request for Claims
Deposited into the U.S. Treasury Registry Account

**THE BURDEN OF PROOF LIES WITH THE CLAIMANT/REQUESTOR
AND MUST BE SUBMITTED BY WRITTEN REQUEST**

The Court requires that you supply two (2) forms of evidence that you are, indeed the correct debtor or creditor(s) of the funds deposited into the registry of the court.

SUGGESTED FORMS OF EVIDENCE:

- _____ A copy of Driver's License
- _____ A copy of Social Security Card
- _____ A copy of Marriage Certificate or Dissolution(Divorce) Decree if name has changed.
- _____ A copy of a document with former address on it.
- _____ Company's letter head
- _____ Corporate seal.
- _____ Company business card
- _____ Incorporated or Formed documents with year, state, and federal employee ID Number.
- _____ Copy of proof of claim or other document from the case.
- _____ If claimant is deceased, appropriate documentation to establish that the person executing the request is authorized to act on behalf of the decedent's estate (e.g., certified copies of all probate documents including a copy of the death certificate and appointment of executor) is attached.
- _____ If claimant is a corporation, partnership or other entity named as the Claimant in the Trustee's unclaimed funds, the person acting on behalf of the Claimant should indicate that he or she has reviewed all records of the Claimant and states that no other request for this claim has been submitted by or at the request of Claimant. Documentation that establishes that the person executing the request is authorized to submit the request must be attached or the request will be returned(e.g. board meeting minutes and articles of incorporation, current list of officers and directors, affidavit of secretary with copy of directors' resolution authorizing execution of the request or officer's certificate establishing that the corporate officer executing the request is authorized to so act.
- _____ If the requesting party is a successor in interest to a previous corporation claimant, then documentation must be attached to establish the legal right of the applicant to the accounts receivable of the claimant corporation(e.g., documents establishing the chain of ownership of the original corporate claimant, proof of sale of the company, new or prior owners, and a copy of the terms of any purchase agreement or stipulation by prior and new owners of right of ownership to unclaimed funds). Copies of all documents evidencing assignment must be appended to the request.
- _____ If the requesting party is an attorney or a "funds locator" who has been retained by the claimant, a notarized "power of attorney" from an individual claimant or from the duly

authorized representative for the corporation, partnership or other entity named as the claimant is attached. Documentation that establishes that the person executing the "power of attorney" is authorized to so act(e.g., affidavit of secretary with copy of the directors' resolution authorizing use of locator service or officer's certificate establishing that the corporate officer executing the "power of attorney" is authorized to so act) is attached.

MUST PROVIDE:

- Notice of Motion and Motion
- Certificate of Service reflecting service on the U.S. Attorney in West Virginia, Debtor(s) and Debtor(s) Counsel
- Affidavit/Sworn Statement that you are the actual creditor in the case and that you formerly lived at the address of record
- Change of Address form
- Two(2) forms of Proof of Identity
- AO213 Vendor Information/Tin Certification form

AO 213 (Rev. 9/19)

REQUEST FOR VENDOR INFORMATION AND TIN CERTIFICATION

Refer to the instructions page for further information on completing this form.

Part 1 Payee Information

Line 1. Payee Name: _____

Line 2. Additional payee information: (if applicable) _____

Part 2 Business Name (if different from above)

Enter your TIN in the appropriate box.

Part 3 The TIN provided must match the name given in Part 1, Line 1.

EIN: _____ -

Enter only an EIN or SSN - NOT BOTH.

SSN: _____ - -

Part 4 DUNS # (if applicable)

Part 5 Select the appropriate box below for U.S. tax classification for person or entity listed in Part 1, Line 1.

☐ Individual or single member LLC ☐ Corporation (Payments related to medical or healthcare service providers)

☐ LLC (Except single member) ☐ Corporation (All other payments not met by corporation category above)

(Select one:) ☐ C Corp ☐ S Corp ☐ Partnership ☐ Partnership ☐ Trust/Estate ☐ Other: _____

Part 6 Mailing Address (where payments, orders, and IRS 1099 forms will be sent)

Street address: _____

City: _____ State: _____ Zip code: _____

Point of Contact (if different from Part 1, Line 1 above) Name: _____

Phone #: _____ Email Address: _____

Part 7 Additional Address Information (if different from above)

Street address: _____

City: _____ State: _____ Zip code: _____

Part 8 Electronic Funds Transfer (EFT) Information (OPTIONAL)

Owner(s) name as it appears on bank account: _____

Bank Name: _____ Routing #: (Must contain 9 digits) _____

Payee must select an account type: (Select one) ☐ Checking ☐ Savings

Account Number: (do not include check number) _____

Part 9 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: _____ Date: _____

For Judiciary Use Only

Select those boxes that apply: ☐ Addition ☐ Change Vendor Code: _____
☐ Active ☐ Inactive Vendor Type: _____
(Trustee or Vendor)

Vendor Administrators: Attach this form to the JIFMS MANL document. This form can also be submitted, subject to separation of duties requirements, via HEAT at: <https://nsms.ao.dcn>. The service request can be found under Financial Management Services> JIFMS Vendor Additions or Updates. For FAS4T users (CCAM only), send this form to the local court vendor administrator. For questions regarding JIFMS and court FAS4T, please contact the National Support Desk at (210) 536-5000. This form should be completed including the vendor's signature and submitted by Judiciary staff only.

Sensitive information must be securely maintained and only visible to designated staff.

General Instructions

Purpose of the AO 213

The Judiciary utilizes the AO 213 to collect information necessary to facilitate payment by EFT or U.S. Treasury check.

For many payments, the Judiciary is required to file an information return (e.g., 1099-MISC; 1099-INT) with the IRS and, therefore, must obtain payees' correct names and associated TINs to do so. If a TIN is not provided, a payee **may** be subject to backup withholding – situations where the judiciary must withhold a certain percentage to ensure the IRS receives any tax due on the payment.

Payments disbursed by the U.S. Treasury on the judiciary's behalf must collect payee TINs to comply with the U.S. Treasury's TIN Policy.

Payee TINs, obtained through this form, may be used by the government to collect and report on any delinquent amounts arising out of the payee's relationship with the government.

Part 1, Line 1

Do not leave this line blank. Enter only **one** name for you or your entity. The name should match the name on your or your entity's U.S. tax return.

Individual. Generally, enter the name shown on your U.S. tax return. If you have changed your last name without informing the Social Security Administration of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: For Individual Taxpayer Identification Number (ITIN) applicants, enter your name as it was entered on your IRS Form W-7 application, line 1a.

Sole Proprietor or Single-Member LLC. Enter your name as shown on your IRS 1040/1040A/1040EZ in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2.

Partnership, LLC (Except Single-Member LLCs), or Corporations. Enter the entity's name as shown on the entity's U.S. tax return in Part 1 and any business name or DBA name in Part 2.

Other entities. Enter your name as shown on required U.S. tax documents in Part 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business name or DBA name in Part 2.

Part 1, Line 2

If this form is being completed so that a U.S. Treasury check may be issued payable to more than one person or entity, or if an EFT payment will be issued to an account owned jointly, enter in Part 1, Line 1 the name of the person or entity whose TIN you entered in Part 3. Additional names for joint accounts or for other payees ("and," "or," or "care of") **must** be entered in Part 1, Line 2.

If payment is to be made by...	Then, enter the following...
EFT to Payee 1 AND Payee 2, co-owners of a joint account	Payee 1's name in Part 1, Line 1; Payee 2's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, Payee 2, AND Payee 3.	Payee 1's name in Part 1, Line 1; Payee 2's name AND Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, Payee 2, OR Payee 3.	Payee 1's name in Part 1, Line 1;

	Payee 2's name OR Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, CARE OF (c/o) Power of Attorney	Payee 1's name in Part 1, Line 1; C/O Power of Attorney name in Part 1, Line 2; Payee 1's TIN in Part 3.

Part 2

If you have a business or DBA name, you may enter it in Part 2.

Part 3

Enter your or your entity's TIN in the appropriate box. **The TIN must be the TIN associated with the one person or one entity listed in Part 1, Line 1.**

If you are a resident alien and you do not have – and are not eligible to get – an SSN, your TIN is your ITIN. Enter it in the social security number box.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Part 4

If applicable, enter your entity's DUNS number.

Part 5

Check the appropriate box in Part 5 for the U.S. tax classification of the person or entity's whose name is entered in Part 1. Check only **one** box in Part 5.

Part 6

Enter your address (number, street, and apartment or suite number). This is where your paper U.S. Treasury check and any information returns (e.g., 1099-MISC; 1099-INT), if applicable, will be mailed.

Enter a point-of-contact name, email, and phone number. A point of contact is necessary if an entity is listed in Part 1, Line 1 or a point-of-contact is different than an individual listed in Part 1, Line 1.

Part 7

If you have an additional address other than the address listed in Part 6, such as a physical address that differs from a mailing address for payment and information returns, enter it here.

Part 8

The Routing Number **must** be nine digits. If you are unsure of your Routing or Account Numbers, consult your financial institution.

You must identify your account as either checking or savings to ensure our payment is accepted by your financial institution.

Part 9

You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

For item 3, you are considered a U.S. person, for federal tax purposes, if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in, or under the laws of, the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

For a joint account, only the person whose TIN is shown in Part 3 should sign.